

PATIENT NAME & HOSPITAL NO (or addressograph label)	ALLERGIES/SENSITIVITIES	DATE OF BIRTH
	NAME & POSITION OF PERSON RECORDING ALLERGIES	DATE OF CHART

WEIGHT (IN KG)

DATE WEIGHED

Allergies must be documented before prescribing/administration except in exceptional circumstances

DRUG	PUT	IN	DILUENT (circle as appropriate)	RATE RANGE	EQUIVALENT TO DOSE RANGE	PRESCRIBER SIGNATURE	TIME MADE	NURSE(S) SIGNATURE
ANALGESICS, SEDATIVES AND MUSCLE RELAXANTS								
MORPHINE	mg	50 ml		to ml/hr	10-40 microgram/kg/hr			/
MIDAZOLAM	mg	50 ml		to ml/hr	1-4 microgram/kg/min			/
VECURONIUM	mg	50 ml		to ml/hr	1-4 microgram/kg/min			/
ATRACURIUM	mg	50 ml		to ml/hr				/
FENTANYL	microgram	50 ml		to ml/hr	2-8 microgram/kg/min			/
KETAMINE	mg	50 ml		to ml/hr	10-40 microgram/kg/min			/
VASOACTIVE AGENTS								
ADRENALINE	mg	50 ml		to ml/hr	0.1-0.5 microgram/kg/min			/
NORADRENALINE	mg	50 ml		to ml/hr	0.1-0.5 microgram/kg/min			/
DOPAMINE								/
Central line	mg	50 ml		to ml/hr	5-20 microgram/kg/min			/
Peripheral line	mg	50 ml		to ml/hr	5-20 microgram/kg/min			/
DOBUTAMINE	mg	50 ml		to ml/hr	5-20 microgram/kg/min			/
DUCT PATENCY								
ALPROSTADIL	microgram	50 ml		to ml/hr	10-100 nanogram/kg/min			/
DINOPROSTONE	microgram	50 ml		to ml/hr	5-50 nanogram/kg/min			/
INTRAVENOUS BRONCHODILATORS								
SALBUTAMOL	mg	50 ml		to ml/hr	1-2 microgram/kg/min up to 5 microgram/kg/min			/
AMINOPHYLLINE								/
Age 1 mon-12 yrs	250 mg	250 ml		to ml/hr	0.5-1 mg/kg/hr			/
Age 12 yrs-18 yrs	250 mg	250 ml		to ml/hr	0.5-0.7 mg/kg/hr			/